

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

JOEL MARCHESE FOR CONGRESS

ADDRESS (number and street)

P. O. BOX 65

Check if different  
than previously  
reported. (ACC)

LAKESIDE

CA

92040

2. FEC IDENTIFICATION NUMBER ▼

C

C00547745

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

CA

53

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y

10

D D / Y Y Y Y

09

Y Y Y Y

2013

through

M M / D D / Y Y Y Y

03

D D / Y Y Y Y

31

Y Y Y Y

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Maha Mousa

Signature of Treasurer

Maha Mousa

[Electronically Filed]

Date

M M / D D / Y Y Y Y

04

D D / Y Y Y Y

07

Y Y Y Y

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 11

Write or Type Committee Name

**JOEL MARCHESE FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	9		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	7395.00	7395.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	7395.00	7395.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	3298.43	3298.43
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	3298.43	3298.43
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	2356.57	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 11

Write or Type Committee Name

**JOEL MARCHESE FOR CONGRESS**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	9		2	0	1	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

3800.00

3800.00

**(ii) Unitemized.....**

3395.00

3395.00

**(iii) TOTAL of contributions from individuals ▶**

7195.00

7195.00

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

0.00

0.00

**(d) The Candidate.....**

200.00

200.00

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

7395.00

7395.00

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

7395.00

7395.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 11

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3298.43	3298.43
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	1740.00	1740.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	5038.43	5038.43

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	7395.00
25. SUBTOTAL (add Line 23 and Line 24).....	7395.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5038.43
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2356.57

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 11

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**JOEL MARCHESE FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Josephine Brown</b>			Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2014	
Mailing Address 2053 Burroughs St.			<b>Transaction ID : SA11AI.4226</b>	
City	State	Zip Code		
San Diego	CA	92111		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 600.00	
Name of Employer N/A		Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 600.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>William R. Grande</b>			Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2014	
Mailing Address 9429 Abraham Way			<b>Transaction ID : SA11AI.4219</b>	
City	State	Zip Code		
Santee	CA	92071		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 1500.00	
Name of Employer QCMI Manufacturing		Occupation Owner, CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1500.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Bohdan Knianicky</b>			Date of Receipt M M / D D / Y Y Y Y 01 / 25 / 2014	
Mailing Address 4272 Merritt Blvd.			<b>Transaction ID : SA11AI.4191</b>	
City	State	Zip Code		
La Mesa	CA	91941		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 200.00	
Name of Employer Self		Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 325.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....			2300.00	
<b>TOTAL</b> This Period (last page this line number only).....				

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 11

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JOEL MARCHESE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mario Marchese

Mailing Address 3712 Aragon Drive

City

San Diego

State

CA

Zip Code

92115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2014

Transaction ID : SA11AI.4228

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

Nyle S. Pepper

Mailing Address 724 Moonbeam Street

City

Placentia

State

CA

Zip Code

92870

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2014

Transaction ID : SA11AI.4231

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Rafid Shamoun

Mailing Address 3305 Eton Green Ct.

City

Spring Valley

State

CA

Zip Code

91978

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cigs &amp; Gars

Occupation

Owner Operator

Receipt For: 2014

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2014

Transaction ID : SA11AI.4201

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

3800.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 11

☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**JOEL MARCHESE FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>JOEL ALFRED MARCHESE</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 09 / 2013	
Mailing Address PO BOX 65		<b>Transaction ID : SA11D.4142</b>	
City LAKESIDE	State CA	Zip Code 92040	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C H4CA53042			
Name of Employer Grossmont Union HS District	Occupation Teacher		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 200.00		
<b>B.</b> Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
<b>C.</b> Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		200.00	
<b>TOTAL</b> This Period (last page this line number only).....		200.00	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 11

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JOEL MARCHESE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Tom Cornetto**

Mailing Address 11554 Caminito Rio

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		15		2013

City	State	Zip Code
Lakeside	CA	92040

Amount of Each Disbursement this Period

300.00
--------

Purpose of Disbursement  
Live Band Performance HillBilly Noise

003

**Transaction ID : SB17.4154**

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. County of San Diego**

Mailing Address 5600 Overland Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		25		2014

City	State	Zip Code
San Diego	CA	92123

Amount of Each Disbursement this Period

367.00
--------

Purpose of Disbursement  
Voter Files CA-53Category/  
Type**Transaction ID : SB17.4210**

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. Gravis Marketing Strategies**

Mailing Address 910 Belle Ave.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		14		2014

City	State	Zip Code
Winter Springs	FL	32708

Amount of Each Disbursement this Period

1200.00
---------

Purpose of Disbursement

Category/  
Type**Transaction ID : SB17.4229**

Candidate Name

**JOEL MARCHESE FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: CA

District: 53

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1867.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 11

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JOEL MARCHESE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Jay Jones Media PR**

Mailing Address 386 S Burnside Ave

City	State	Zip Code
Los Angeles	CA	90036

Purpose of Disbursement

Candidate Name

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		31		2014

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.4195

**B. Minuteman Printing**

Mailing Address 1654 Pioneer Way

City	State	Zip Code
El Cajon	CA	92020

Purpose of Disbursement  
Postcard Campaign Flyer

Candidate Name

**JOEL MARCHESE FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: CA District: 53

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		06		2013

Amount of Each Disbursement this Period

242.54
--------

Transaction ID : SB17.4144

**C. Minuteman Printing**

Mailing Address 1654 Pioneer Way

City	State	Zip Code
El Cajon	CA	92020

Purpose of Disbursement  
Posters and Flyers

Candidate Name

**JOEL MARCHESE FOR CONGRESS**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: CA District: 53

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		03		2013

Amount of Each Disbursement this Period

57.77
-------

Transaction ID : SB17.4164

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

800.31



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 11

☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)

**JOEL MARCHESE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

## **A. Secretary of State of California**

Mailing Address 1500 11th Street

City State Zip Code  
 Sacramento CA 95814

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y  
 02 / 10 / 2014

Amount of Each Disbursement this Period

1740.00

Transaction ID : SB21.4198

Category/  
Type

## **B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Category/  
Type

## **C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1740.00

1740.00